Bay Respite Care

Timesheet for Self-Service Respite (Employer of Record)

Hojas de tiempo para Servicio Independiente (Empleador de Registro)

3272 Sonoma Blvd, Suite 4
Vallejo, CA 94590
www.BayRespiteCare.org/EORMainPage.htm (707)644-4491 EOR@BayRespiteCare.org

Client Name/Nombre del Cliente: (please print/en lettre de molde)	**Client City/Ciudad del Cliente:**	**Pay Period**	
		From: De:	To: A:

Employee Name/Nombre del Trabajador: (please print/en lettre de molde)	**Employee Signature/Firma del Trabajador:**

Service Date: Fecha:	Start Time: Hora de Empezar:	End Time: Hora de Terminar:	Total Hours: Total de Horas:	Parent/Authorized Signature:* Firma del Padre o Autorizado/a:*
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☐**New employee address/**
La dirección nuevo del trabajador:

_____

_____

_____

Total Hours: Total del Horas:	(office use only)

***My signature certifies that the hours shown are correct and respite met the terms and conditions set forth in the Family Handbook.**

***Mi firma certifica que las horas mostradas están correctas y el respire encontró los términos y condiciones en el manual de servicio.**

→ **No faxes/scans accepted!!!** ***No aceptamos faxes/ escanear!!!***

→ **Use blue or black ink only. Round off minutes to the nearest quarter hour.** ***Use solamente tinta azul o negra. Ronde los minutos a la cuarta hora mas cercana.***

Timesheets **received** by the 5th are paid on the 15th. Timesheets **received** by the 20th are paid on the 30/31st.
Hojas de tiempo **recibidas** antes del 5 del mes son pagadas el 15. Hojas del tiempo **recibidas** antes del 20, son pagadas el 30/31.